



MARSHALL ISLANDS WORKERS' COMPENSATION ADMINISTRATION



Head Office

P.O. Box 175, Majuro, Marshall Islands MH 96960
Phone: (692) 625-3101, Fax: (692) 625-4570
Email: rmiworkcomp@rmimissa.org
www.rmiworkcomp.org

Ebeye Branch

P.O. Box 5850, Ebeye, Kwajalein, MH96970
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Form WCP - 500

(Schedule 15 of the Workers' Compensation Regulations)

NOTICE CONTROVERTING CLAIM FOR COMPENSATION

To be filed by Employer or their insurer within 14 calendar days after the employer/insurer has learned about a pending claim or after receipt of Notice of Worker's Injury, Illness or Death. The contesting party must provide evidence to the MISSA Administrator supporting their argument to controvert (challenge) the claim by contradicting any part lodged by the employee (worker).

1. Name of employer/EIN:	2. Name of worker/SS number:
3. Employer address & contact phone no.	4. Worker's address & contact phone no:
5. Worker's usual occupation or job role:	6. Date of first knowledge of injury/illness:

7. The undersigned hereby seeks the Administrator to make a decision to deny the claim for worker's compensation by the subject worker. THE EMPLOYER MUST STATE THE GROUNDS UPON WHICH THE ACCEPTANCE OF CLAIM TO COMPENSATION IS CONTESTED. I am submitting the following evidence as proof the concerns are valid:

(use another sheet if necessary and attach to this form)

8. Name, signature & title of person representing insurer	9. Name, signature & title of employer representative
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10. Date of this Notice	11. Mail/Hand-deliver this notice to: The Administrator RMI Workers' Compensation Administration P.O. Box 175, Majuro MH 96960 Marshall Islands (MISSA Office)
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